

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/661635</i>	FILING DATE <i>9-13-00</i>			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		51				
2		/			/	52				
3	/				/	53				
4	/					54				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	<i>3</i>				<i>1</i>					
TOTAL DEP.	<i>18</i>				<i>8</i>					
TOTAL CLAIMS	<i>21</i>				<i>9</i>					